

*Commonwealth of Massachusetts*  
*Department of the State Treasurer*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
*Telephone: (617) 727-3040*  
*Fax: (617) 727-1258*

Timothy P. Cahill  
*Treasurer and Receiver General*

Eddie J. Jenkins  
*Chairman*

### **SHIP LICENSE APPLICANTS**

### **PROCEDURES FOR APPLYING FOR OR RENEWING A LICENSE**

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Enclosed application is to be completed when applying for a new license or renewal of your ship license. The following must be submitted with your application:

1. If a corporation, copy of approved Articles of Organization, issued by the Secretary of State of Massachusetts. (RENEWAL APPLICANTS: ONLY REQUIRED IF THERE IS A CHANGE IN THE ARTICLES NOW ON FILE WITH THIS COMMISSION.)
2. Copy of APPROVED CURRENT Coast Guard Certification.
3. If vessel is leased or rented, a copy of the agreement.
4. FORM A - Appointment of Manager/Assistant Manager, specify which, separate form on each. (Criminal Offender Record Information Form must be completed, signed and submitted for each Manager/Assistant Manager).
5. LICENSE FEE: \$500.00 per ship (payable to the Commonwealth of Massachusetts). A SEPARATE SHIP APPLICATION AND FORM A MUST BE COMPLETED FOR EACH VESSEL LICENSED.

Please indicate the full address of the Pier, Wharf where the ship is docked in MASSACHUSETTS and a telephone number where a principal can be reached during the day.

### **Payment and Mailing Procedures**

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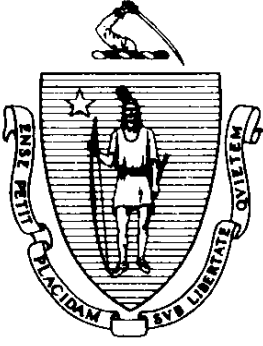
All applicants must complete the enclosed monetary transmittal form, attach your payment and application to the transmittal form and mail to:

Alcoholic Beverages Control Commission  
Post Office Box 3396  
Boston, MA 02241-3396

**Application, transmittal form and fee must be submitted by November of the calendar year.**

OUR WEBSITE ADDRESS: [www.state.ma.us/abcc](http://www.state.ma.us/abcc)

For additional information, please contact Terri Strianese, telephone: (617) 727-3040 X 21.



**2005**

Ship License Application  
(M.G.L. Ch. 138 Sec. 13)

1. TYPE OF APPLICATION: (check one)

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_

2. FULL NAME OF BUSINESS, INCLUDE D/B/A IF ANY:

\_\_\_\_\_

\_\_\_\_\_

**(If applicant has a dba, applicant must include a copy of the certificate of doing business, required under Massachusetts General Law Ch. 110, s. 5, regardless of which name will appear on the license.)**

3. APPLICANT'S BUSINESS ADDRESS

\_\_\_\_\_

\_\_\_\_\_

4. BUSINESS TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_  
(AREA CODE)

5. BUSINESS FAX NUMBER: (\_\_\_\_\_) \_\_\_\_\_  
(AREA CODE)

6. NAME OF SHIP TO BE LICENSED: \_\_\_\_\_

7. TYPE OF LICENSE:

All-Alcoholic \_\_\_\_\_ Wine and Malt \_\_\_\_\_

8. SHIP DOCKED AT: \_\_\_\_\_

MONTHS IN OPERATION: FROM \_\_\_\_\_ TO \_\_\_\_\_

9. STATE ALL PERSONS HOLDING A BENEFICIAL INTEREST IN APPLICANT BUSINESS, INCLUDING BUT NOT LIMITED TO: owners, partners, proprietors, officers, directors and stockholders.

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Nature of Beneficial Interest: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Nature of Beneficial Interest: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Nature of Beneficial Interest: \_\_\_\_\_

(ATTACH ADDITIONAL SHEET IF NECESSARY)

- 9A. DOES APPLICANT OR ANY OTHER PERSON HOLD OR HAVE AN INTEREST IN ANY OTHER MASSACHUSETTS OR OUT-OF-STATE SHIP'S LIQUOR LICENSE?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name each vessel and the companies, corporations, associations or other entity they are listed under:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9B. HAS APPLICANT OR ANY OTHER PERSON OR ENTITY HAD THEIR SHIP'S LICENSE SUSPENDED, REVOKED OR CANCELLED?

\_\_\_\_\_ Yes \_\_\_\_\_ No

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9C. HAS APPLICANT OR ANY PERSON OR ENTITY BEEN CONVICTED OF ANY FELONY?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, state details.

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10. IS THE APPLICANT THE \_\_\_\_\_ OWNER OR \_\_\_\_\_ OPERATOR OF THE SHIPPING COMPANY?

11. IS THE APPLICANT A: \_\_\_\_\_ LESSEE \_\_\_\_\_ SUBLESSEE \_\_\_\_\_ ASSIGNEE \_\_\_\_\_ OTHER

If other, please explain:

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12. IS SHIP FULLY BUILT AND READY FOR INSPECTION? \_\_\_\_\_

13. PROVIDE A FULL AND COMPLETE DESCRIPTION OF THE SHIP TO BE LICENSED INCLUDING ITS MAXIMUM CAPACITY AND SIZE OF CREW:

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**MANAGER - (Questions 14 thru 19)**

PROVIDE THE FOLLOWING INFORMATION ON THE MANAGER IN CHARGE OF THE SALES AND SUPERVISION OF THE ALCOHOLIC BEVERAGES:

The manager must be at least 21-years-old.

14. NAME: \_\_\_\_\_  
First Middle Last

15. HOME ADDRESS:

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_

Zip Code: \_\_\_\_\_

16. DATE OF BIRTH: \_\_\_\_\_

17. SOCIAL SECURITY NO.: \_\_\_\_\_

18. TELEPHONE NO. /AREA CODE: \_\_\_\_\_

19. HAS THE MANAGER BEEN CONVICTED OF A FELONY?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe offense (s) (specific charge) and disposition (fine, penalty, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. ALL PERSONS LISTED ON QUESTION 9 AND MANAGER MUST COMPLETE THE CERTIFICATION AND AUTHORIZATION BELOW.

Certification and Authorization for Release of Information
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This application is signed under penalty of perjury. Each signer authorizes the release of any information pertaining to the applicant or the signer, including but not limited to any criminal records to the Alcoholic Beverages Control Commission.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE

21. NAME OF ATTORNEY, IF ANY, FILING ON BEHALF OF THE APPLICANT:

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Name	Office Address	Area Code/Tel. No.
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Fax No.	Time of Filing	Date of Filing
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22. PURSUANT TO M.G.L. CH. 62C, SEC. 49A, I CERTIFY UNDER THE PENALTIES OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW.

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Signature of applicant or authorized corporate officer

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Title	Date
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If Individual Social Security Number	(OR)	Applicant Federal ID Number
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Note: If applicant is a corporation, a copy of the approved articles of organization, issued by the Massachusetts Secretary of State must be included. A copy of approved U.S. Coast Guard Certificate of Inspection must also be submitted.

Fees:	Payable to the Commonwealth of Massachusetts
Sell:	\$500.00
Transport:	\$1,500.00

**FORM A**  
**Application for appointment of Ship Manager/Assistant Manager**  
(ABCC REGULATION 204 CMR 19.06)

1. LICENSEE NAME: \_\_\_\_\_
2. ADDRESS: \_\_\_\_\_
3. AREA CODE AND TELEPHONE NUMBER: \_\_\_\_\_
4. AREA CODE AND FAX NUMBER: \_\_\_\_\_
5. NAME OF SHIP: \_\_\_\_\_
6. PORT: \_\_\_\_\_
7. NAME OF PROPOSED MANAGER/ASSISTANT MANAGER: \_\_\_\_\_
8. HOME (STREET) ADDRESS: \_\_\_\_\_
9. AREA CODE AND TELEPHONE NUMBER: \_\_\_\_\_
10. PLACE OF BIRTH: \_\_\_\_\_ 11. DATE OF BIRTH: \_\_\_\_\_
12. REGISTERED VOTER: \_\_\_\_\_ YES \_\_\_\_\_ NO 12a. WHERE? \_\_\_\_\_
13. U.S. CITIZEN: \_\_\_\_\_ YES \_\_\_\_\_ NO 14. SOCIAL SEC. NO.: \_\_\_\_\_
15. COURT AND DATE OF NATURALIZATION (IF APPLICABLE): \_\_\_\_\_  
(Submit proof of citizenship and/or naturalization).
16. FATHER'S NAME: \_\_\_\_\_ 17. MOTHER'S MAIDEN NAME: \_\_\_\_\_
18. CRIMINAL RECORD (Massachusetts, Military any other State or Federal):  
Any arrest or appearance in criminal court charged with a criminal offense, regardless of final disposition.  
\_\_\_\_\_ YES \_\_\_\_\_ NO (MUST CHECK EITHER YES OR NO)  
  
IF YES, PLEASE DESCRIBE OFFENSE(S), SPECIFIC CHARGE AND DISPOSITION (FINE, PENALTY, ETC.)  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_

19. PRIOR EXPERIENCE IN THE LIQUOR INDUSTRY: \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, PLEASE DESCRIBE:

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20. FINANCIAL INTEREST, DIRECT OR INDIRECT, IN THIS OR ANY OTHER LIQUOR  
LICENSE, PERMIT OR CERTIFICATE: \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

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21. EMPLOYMENT FOR THE LAST TEN YEARS: (Dates, Position, Employer, Address)

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22. HOURS PER WEEK TO BE SPENT ON THE LICENSED SHIP: \_\_\_\_\_

NOTE: Every applicant must complete, sign and date the attached Criminal Offender Record Information Form. This Commission will then forward this form to the Criminal History Systems Board for a record check.

23. I hereby swear under the pains and penalties of perjury that the information I have given above is true to the best of my knowledge and belief and that I have read ABCC Regulation 204 CMR 19.00 "SHIPS".

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

24. I hereby swear under the pains and penalties of perjury that I have read this application in full and to the best of my knowledge and belief, the information set forth is true.

I REQUEST THAT THE APPLICANT BE APPOINTED AS A: (check which applies)

SHIP MANAGER \_\_\_\_\_ ASSISTANT MANAGER \_\_\_\_\_

\_\_\_\_\_  
LICENSEE SIGNATURE

\_\_\_\_\_  
DATE



## **INSTRUCTIONS FOR COMPLETION OF THE ATTACHED CRIMINAL OFFENDER RECORD INFORMATION FORM**

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The applicant for appointment of Manager or Assistant Manager must complete, sign and date the attached CORI request form. The completed form is to be returned to the Alcoholic Beverages Control Commission to be signed and forwarded to CORI.

Please type or print all information except where a signature is required. Do not use pencil.

**FIRST PARAGRAPH** - Fill in where indicated the position applying for. Applicant/Employee Signature is required.

Questions #1 through #5 - Applicant Information

Questions #6 through #7 - Licensee Information

Licensee Name is the name of the corporation, individual, partnership or ship for which applicant seeks employment.

OUR WEBSITE ADDRESS: [www.state.ma.us/abcc](http://www.state.ma.us/abcc)

If you should have any questions, please call Terri Strianese at (617) 727-3040 x 21.



**The Commonwealth of Massachusetts**  
**Department of the State Treasurer**  
**Alcoholic Beverages Control Commission**  
**239 Causeway Street**  
**Boston, MA 02114**

GABCCL  
G  
CORI REQUEST FORM

The Criminal History Systems Board has certified the Alcoholic Beverages Control Commission with access to conviction and pending criminal case data. As an applicant/employee for the Position of \_\_\_\_\_, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

\_\_\_\_\_  
Applicant/Employee Signature

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

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1. \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME
2. MAIDEN NAME OR ALIAS (IF APPLICABLE): \_\_\_\_\_
3. DATE OF BIRTH: \_\_\_\_\_ 4. SOCIAL SECURITY NUMBER: \_\_\_\_\_
5. HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_
6. LICENSEE NAME: \_\_\_\_\_
7. LICENSEE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

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A.B.C.C.

REQUESTED BY: \_\_\_\_\_

SIGNATURE OF A.B.C.C. CORI AUTHORIZED EMPLOYEE

\_\_\_\_\_  
CHSB USE ONLY

RECORD ATTACHED: \_\_\_\_\_

NO RECORD: \_\_\_\_\_

**MONETARY TRANSMITTAL FORM 1**

This transmittal must accompany your application in order to assure proper credit.

Please do not send cash. Please make your checks payable to Commonwealth of Massachusetts, ABCC.

Mail this transmittal along with your check and completed application to:

Alcoholic Beverages Control Commission  
Post Office Box 3396  
Boston, MA 02241-3396

**APPLICANT MUST COMPLETE THE FOLLOWING:**

<b>NAME:</b>		
<b>ADDRESS:</b>		
<b>CITY/TOWN:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>
<b>COUNTRY:</b>		<b>DATE:</b>

LICENSE NAME	REV. CODE	# OF PERMITS REQUESTED	FEE AMOUNT	TOTAL
Airline Master for sale to				
Passengers	3094	_____	\$ 500.00	\$ _____
Airline (each flight)	3094	_____	\$ 50.00	\$ _____
Brokers	3007	_____	\$ 5000.00	\$ _____
Brokers (additional)	3007	_____	\$ 500.00	\$ _____
Bonded Warehouse	3095	_____	\$ 1000.00	\$ _____
Salesman	3011	_____	\$ 200.00	\$ _____
Transp. for Salesman	3097	_____	\$ 150.00	\$ _____
Railroad Master for sale to				
Passengers	3009	_____	\$ 500.00	\$ _____
Railroad (each RR car)	3009	_____	\$ 50.00	\$ _____
Steamship	3010	_____	\$ 500.00	\$ _____
Ship Chandler	3099	_____	\$ 1000.00	\$ _____
Transportation & Delivery	3097	_____	\$ 150.00	\$ _____
Warehouseman	3095	_____	\$ 500.00	\$ _____
Permit to transport not for Consumption				
RR, ship, or airline	3097	_____	\$ 1500.00	\$ _____
<b>CHECK TOTAL</b>				<b>\$ _____</b>

3/04 REV